

FOOD HANDLERS



**Commonwealth of the Northern Mariana Islands  
Department of Health  
Division of Public Health  
Bureau of Environmental Health**

**CERTIFICATE OF COMPLETION FOR  
WORKSHOP PARTICIPANTS**

This is to certify that:

Land	Plant	Refiddle Initial
Abuel Benjamin		

has attended and completed the Food Handler Certification Workshop  
on: 11/22/21 as part of the Food Handler Certification  
requirements.

Certified by: Wm. Hamilton Date: July 2nd '94

shall be deemed to have been annulled or as otherwise provided by law.

**0569550 MP 98950**

TELEPHONE (570) 524-4871 • FAX (570) 524-4871



**Commonwealth of the Northern Mariana Islands**  
**Department of Health**  
**Division of Public Health**  
**Bureau of Environmental Health**

**CERTIFICATE OF COMPLETION FOR  
WORKSHOP PARTICIPANTS**

This is to certify that:

Land	First	Middle Initial
Rose	Tereget	

has attended and completed the Food Handler Certification Workshop  
 on: 11/11/04 as part of the Food Handler Certification  
 requirements.

Certified by: W. H. H. H. H. Date: 1 / 1 / 1911

90 Box 500109 CK Saitan. HP 96950

Tel: 011 570 664-4871 • Fax: (1-570) 664-4871  
P.O. Box 30003, Allentown, PA 18103



Commonwealth of the Northern Mariana Islands  
Department of Health  
Division of Public Health  
Bureau of Environmental Health



# CERTIFICATE OF COMPLETION FOR WORKSHOP PARTICIPANTS

This is to certify that: Nehai Alfred  
Last First Middle Initial

has attended and completed the Food Handler Certification Workshop  
on: 11/22/04 as part of the Food Handler Certification  
Date Month Day Yr  
requirements.

Certified by: W. Kapelin, Jr. Date: 11/22/04  
Signature Title

This workshop must be taken annually or as otherwise provided by law.  
P.O. Box 500409 CK, Saipan, MP 96950  
Tel: (1-670) 664-4570/2344 - Fax: (1-670) 664-4871



Commonwealth of the Northern Mariana Islands  
Department of Health  
Division of Public Health  
Bureau of Environmental Health



# CERTIFICATE OF COMPLETION FOR WORKSHOP PARTICIPANTS

This is to certify that: Joseph Joseph  
Last First Middle Initial

has attended and completed the Food Handler Certification Workshop  
on: 11/22/04 as part of the Food Handler Certification  
Date Month Day Yr  
requirements.

Certified by: W. Kapelin, Jr. Date: 11/22/04  
Signature Title

This workshop must be taken annually or as otherwise provided by law.  
P.O. Box 500409 CK, Saipan, MP 96950  
Tel: (1-670) 664-4570/2344 - Fax: (1-670) 664-4871



Commonwealth of the Northern Mariana Islands  
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Division of Public Health  
Bureau of Environmental Health



# CERTIFICATE OF COMPLETION FOR WORKSHOP PARTICIPANTS

This is to certify that: Annelle Ray Anthony  
Last First Middle Initial

has attended and completed the Food Handler Certification Workshop  
on: 11/22/04 as part of the Food Handler Certification  
Date Month Day Yr  
requirements.

Certified by: W. Kapelin, Jr. Date: 11/22/04  
Signature Title

This workshop must be taken annually or as otherwise provided by law.  
P.O. Box 500409 CK, Saipan, MP 96950  
Tel: (1-670) 664-4570/2344 - Fax: (1-670) 664-4871



Commonwealth of the Northern Mariana Islands  
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Bureau of Environmental Health



# CERTIFICATE OF COMPLETION FOR WORKSHOP PARTICIPANTS

This is to certify that: Annelle Ray Anthony  
Last First Middle Initial

has attended and completed the Food Handler Certification Workshop  
on: 11/22/04 as part of the Food Handler Certification  
Date Month Day Yr  
requirements.

Certified by: W. Kapelin, Jr. Date: 11/22/04  
Signature Title

This workshop must be taken annually or as otherwise provided by law.  
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Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR  
WORKSHOP PARTICIPANTS**

This is to certify that: Neiba Last Clifford Middle Initial

has attended and completed the Food Handler Certification Workshop

on: 11 22 01 as part of the Food Handler Certification requirements.

Certified by: Willy Kapilit Sagawa Date: 11 22 01

This workshop must be taken annually or as otherwise provided by law.  
P.O. Box 500409 CK, Saipan, MP 96950  
Tel: (1-670) 654-4370/23/4 • Fax: (1-670) 654-4371

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Division of Public Health  
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR  
WORKSHOP PARTICIPANTS**

This is to certify that: Willy Kapilit Sagawa Last Clifford Middle Initial

has attended and completed the Food Handler Certification Workshop

on: 11 22 01 as part of the Food Handler Certification requirements.

Certified by: Willy Kapilit Sagawa Date: 11 22 01

This workshop must be taken annually or as otherwise provided by law.  
P.O. Box 500409 CK, Saipan, MP 96950  
Tel: (1-670) 654-4370/23/4 • Fax: (1-670) 654-4371

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Department of Health  
Division of Public Health  
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR  
WORKSHOP PARTICIPANTS**

This is to certify that: Amarelle Ray Anthony Last Anthony Middle Initial

has attended and completed the Food Handler Certification Workshop

on: 11 22 01 as part of the Food Handler Certification requirements.

Certified by: Willy Kapilit Sagawa Date: 11 22 01

This workshop must be taken annually or as otherwise provided by law.  
P.O. Box 500409 CK, Saipan, MP 96950  
Tel: (1-670) 654-4370/23/4 • Fax: (1-670) 654-4371

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Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR  
WORKSHOP PARTICIPANTS**

This is to certify that: Raul Ricardo Last Ricardo Middle Initial

has attended and completed the Food Handler Certification Workshop

on: 11 22 01 as part of the Food Handler Certification requirements.

Certified by: Willy Kapilit Sagawa Date: 11 22 01

This workshop must be taken annually or as otherwise provided by law.  
P.O. Box 500409 CK, Saipan, MP 96950  
Tel: (1-670) 654-4370/23/4 • Fax: (1-670) 654-4371





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*Bureau of Environmental Health*

This is to certify that:

Amir	17	1921
17	1921	17
17	1921	17

17

I have attended and completed the Food Handler Certification Workshop as part of the Food Handler Certification requirements.

Certified by: William J. Spack Date: 7/12/02

This report must be held confidentially or as otherwise provided by law.

Form 0700-100-01

P.O. Box 5100419 CH, Seipman, MP 96950  
Tel: (1-5770) 6654-4587/22374 • Fax: (1-5770) 6654-4587 1



Commonwealth of the Northern Mariana Islands  
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Division of Public Health  
Bureau of Environmental Health

There is no certainty that:

Issue	Problem	Proposed Solution

has attended and completed the Food Handler Certification Workshop on: 11/29/14 as part of the Food Handler Certification

Certified by: Lib. Sophia Date: 7  
28 04

Ex



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Department of Health  
Division of Public Health  
*Program of Environmental Health*

This is to certify that:

Amir	Duke
Lunch	Dinner
A.	
Middletown Hospital	

I have attended and completed the Food Handler Certification Workshop as part of the Food Handler Certification requirements.

Certified by: William J. Spack Date: 7/12/02

This report must be held confidentially or as otherwise provided by law.

Form 0700-100-01

**TOWN OF TOWN**

This workshop consists of the best quality materials for all your needs.

P.O. Box 5000-0000 C.K. Seaman, N.Y. 96950

Tel: (1-877) 654-4500 • Fax: (1-877) 654-4501



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Department of Health  
Division of Public Health  
Bureau of Environmental Health

There is no certainty that:

Issue	Problem	Proposed Solution

has attended and completed the Food Handler Certification Workshop on: 11/29/14 as part of the Food Handler Certification

Certified by: Lib. Sophia Date: 7  
28 04



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Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR  
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This is to certify that: Ammy Jack A  
Last First Middle Initial

has attended and completed the Food Handler Certification Workshop  
on: 7/22/04 as part of the Food Handler Certification  
requirements.

Certified by: Wynne Gysela Date: 7/22/04  
This workshop must be taken annually or as otherwise provided by law.  
P.O. Box 500409 CK, Saipan, MP 96950  
Tel: (1-670) 664-4570/2294 • Fax: (1-670) 664-4571

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**CERTIFICATE OF COMPLETION FOR  
WORKSHOP PARTICIPANTS**

This is to certify that: Ignacio Nolas  
Last First

has attended and completed the Food Handler Certification Workshop  
on: 7/22/04 as part of the Food Handler Certification  
requirements.

Certified by: Wynne Gysela Date: 7/22/04  
This workshop must be taken annually or as otherwise provided by law.  
P.O. Box 500409 CK, Saipan, MP 96950  
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**CERTIFICATE OF COMPLETION FOR  
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This is to certify that: Paulina Gysela SA  
Last First Middle Initial

has attended and completed the Food Handler Certification Workshop  
on: 7/22/04 as part of the Food Handler Certification  
requirements.

Certified by: Wynne Gysela Date: 7/22/04  
This workshop must be taken annually or as otherwise provided by law.  
P.O. Box 500409 CK, Saipan, MP 96950  
Tel: (1-670) 664-4570/2294 • Fax: (1-670) 664-4571

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**CERTIFICATE OF COMPLETION FOR  
WORKSHOP PARTICIPANTS**

This is to certify that: Wynne Gysela A  
Last First Middle Initial

has attended and completed the Food Handler Certification Workshop  
on: 7/22/04 as part of the Food Handler Certification  
requirements.

Certified by: Wynne Gysela Date: 7/22/04  
This workshop must be taken annually or as otherwise provided by law.  
P.O. Box 500409 CK, Saipan, MP 96950  
Tel: (1-670) 664-4570/2294 • Fax: (1-670) 664-4571



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# CERTIFICATE OF COMPLETION FOR WORKSHOP PARTICIPANTS

This is to certify that: Maheul Benjimin G.  
 Last First Middle Initial

has attended and completed the Food Handler Certification Workshop  
 on: 7/12/04 as part of the Food Handler Certification  
 also This Day Yr

requirements.

Certified by: W. Kapulu Aquilino Date: 7/12/04

This workshop must be taken annually or as otherwise provided by law.  
 P.O. Box 500409 CK, Saipan, MP 96950  
 Tel: (1-670) 654-4370/2234 • Fax: (1-670) 654-4371



Commonwealth of the Northern Mariana Islands  
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# CERTIFICATE OF COMPLETION FOR WORKSHOP PARTICIPANTS

This is to certify that: Royce Terigapu  
 Last First Middle Initial

has attended and completed the Food Handler Certification Workshop  
 on: 7/12/04 as part of the Food Handler Certification  
 also This Day Yr

requirements.

Certified by: W. Kapulu Aquilino Date: 7/12/04

This workshop must be taken annually or as otherwise provided by law.  
 P.O. Box 500409 CK, Saipan, MP 96950  
 Tel: (1-670) 654-4370/2234 • Fax: (1-670) 654-4371



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# CERTIFICATE OF COMPLETION FOR WORKSHOP PARTICIPANTS

This is to certify that: Reynolds Brenda T.  
 Last First Middle Initial

has attended and completed the Food Handler Certification Workshop  
 on: 7/12/04 as part of the Food Handler Certification  
 also This Day Yr

requirements.

Certified by: W. Kapulu Aquilino Date: 7/12/04

This workshop must be taken annually or as otherwise provided by law.  
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 Tel: (1-670) 654-4370/2234 • Fax: (1-670) 654-4371